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## APPLICANTS

Norman Goris, Dortmund, GERMANY;

Wolfgang Scheit, Lochhofen/Sauerlach, GERMANY;

\*\* CONTINUING DATA \*\*\*\*\* *TS* \*\*\*\*\*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *TS* \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 12/15/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY GERMANY	SHEETS DRAWING 2	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

## ADDRESS

47396  
 HITT GAINES, PC  
 AGERE SYSTEMS INC.  
 PO BOX 832570  
 RICHARDSON, TX  
 75083

## TITLE

Mobile telephone having a vital sign measuring capability

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees
RECEIVED 750	No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> 1.16 Fees ( Filing )
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